(FISCAL YTD TOTALS AS OF D6/30/06)								
CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF	TOTAL				
	SERVED	CLAIMS	SERVICE	PAYMENT				
INPATIENT	51,822	70,311	422,818	\$282,811,790.96				
OUTPATIENT	218,034		5,536,555	\$166,941,944.99				
CHILD PART HOSP	210,034	792,498 n	5,536,555 N	\$166,941,944.99				

n

20

5,589

166,464

27,070

139,870

266.581

128,466

42,221

28,730

34,946

29,743

43,114

178,435

170,284

364.081

352,890

52,251

12,988

25,323

313.955

148,234

163,377

58.186

13,887

59,330

26,147

176,148

192,600

31,131

1.167

644

6,696

1,512,567

63.164

3,372,669

10,333,468

2,694,825

501

107

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0

273

73,614

797,126

14,861

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4.793.088

2.213.333

3,702,746

261,561

267,902

732,694

28,187

24.847

43,059

178,303

1,512,334

16.472.002

1,005,733

170,284

448,225

61,376

454,508

319.652

159,298

207,629

73.092

177,789

384,698

737,574

17.570

37,705

986,506

6,761,561

3,779,826

77.178

63,149

3,372,669

3,618,546

5,613,750

IOWA DEPARTMENT OF HUMAN SERVICES

MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE

RUN DATE 06/25/06

1

\$0.00

\$305.00-

\$3,484.59

\$18,491,894.82

\$410,285,407,19

\$250,194,310.81

\$3,641,921.74

\$39,902.80

\$5,304.55

\$83,658,228.38

\$178,773,999.91

\$30,632,710,46

\$4,247,567.14

\$37,268,470,24

\$3,088,176.11

\$24,329,710.50

\$340,073,117.79

\$2,521,014.83

\$97,545,362.31

\$12,270,614.57

\$9,555,698,60 \$3,024,668.00

\$7,322,927.87

\$36,433,492,56

\$15,949,155.13

\$13,128,567.14

\$2,653,006.17

\$28,898,235.76

\$42,954,685.44

\$8,042,131.31

\$5,211,012.93

\$2,253,016.47

\$2,232,134.49

\$9,838,503.98

\$2,444,618.97

\$5,539,536.89

\$623,503.59

\$365,393.03

\$241,780,729.25

\$41,919,057.48

\$15,869,579.00

\$13,222.28

\$520,871,25

\$6.17

\$0.00

\$0.00

\$863.65-

2,477

2,352

25,765

314,599

78,704

62,099

4.128

16,889

3,260

3.329

299,582

20,543

92,296

192,593

8.043

9,335

57,673

57,122

6,436

1,289

2,252

140,706

88,886

28,518

19,040

10,214

2,944

9,630

10,124

2,451

236

47

638

72.5

358,814

49

88

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20.093

IAMM2200-R003 (MR-0-12)

CHILD DAY TREATMENT

ADULT DAY TREATMENT

SKILLED NURSING FACILITY

INTERMEDIATE CARE FACILITY

INTER CARE MENTAL RETARDA

NURSING FAC FOR MENTAL ILL

LEAD INSPECTION AGENCY

MEP CASE MANAGEMENT

AMBULANCE SERVICES

PRESCRIBED DRUGS

IOWA PLAN PROGRAM

EPSDT SCREENING

PATIENT MANAGEMENT

OTHER PRACTITIONER

FAMILY PRESERVATION

MEDICAL SUPPLIES

HMO SERVICES

DENTAL

OPTOMETRIST

PSYCHIATRIC

MR WAIVER SERVICE

AIDS WAIVER SERVICES

ELDERLY WAIVER SERVICES

PODIATRIC

CHIROPRACTIC

DRUG CAPITATION

LAB AND RADIOLOGICAL

REHAB SUPPORT SERVICES

LOCAL EDUCATION AGENCY

INDIAN HEALTH SERVICES

FAMILY PLANNING SERVICES

MANAGED SUBSTANCE ABUSE

MENTAL HEALTH ACCESS PLAN

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

CHILDRENS MENTAL HEALTH SVC

ILL & HANDICAPPED WAIVER SVCS

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

EARLY ACCESS SERVICES

ADULT PART HOSP

HOME HEALTH

CLINIC SERVICES

PHYSICIAN

AS OF 06/30/06

IAI	M22	:00-	R003	(MR-O-12)
AS	OF	06/	30/06	

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

RUN DATE 06/25/06

\$0.00

TOTAL PAYMENT

\$26,666,663.15

\$2,469,928,145.68

\$136,037.27-

PAGE 2

TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 06/30/06)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE
COUNTY OFFICE REIMBURSEMENT	0	0	0
MEP SERVICES	11,424	110,904	117,719
UNASSIGNED	3,209	2	0
* ALL CATEGORIES *	434,183	22,211,589 ** END OF REPORT ***	65,721,456